

WEEKLY QUALITY ASSURANCE REPORT

PAGE ____

OF ____

Name of Contractor: **J.J. Kirlin**Project Name: **Dielectric union replacement**Installation Name: **Fort Gordon, GA**Contract/DO/PO Number: **85-25**Contract Number: **DACA01-98-D-25-85**Date: **Week ending Sept 21 00**

(USE SEPARATE REPORT FOR Each D.O./P.O. / Contract)

General Comments:**Work performed:**Completed work on the 9th floor.

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Percent complete (if applicable) 60%

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Safety violations / Corrective measures taken:**Contractor implementing interm safety measures when smoke detectors are out of service****Work Scheduled:****Indicate Attachments:**Name: **Lloyd South**
(Printed)US Army Corps of Engineers
Quality Assurance Representative
Supporting MedCom

Signature: